REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 8-/-05 2 Serial/Patent #10/522181			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		1-24-05	\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT S 100 8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	, 02-2135		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: # JOHNSON TITLE: Marelyal			
SIGNATURE: Complete Signature: 308-9440			
OFFICE:			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:	DATE: _		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B